



IFW

PATENT
1504-1054

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

Ulf SKOGLUND et al.

Conf. 5479

Application No. 10/520,508

Group 2621

Filed: January 7, 2005

Examiner

TITLE: IMAGING APPARATUS AND METHOD

**LETTER SUBMITTING
SUPPLEMENTAL APPLICATION DATA SHEET**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

September 22, 2006

Sir:

We enclose herewith the substitute Application Data Sheet (ADS), changing the attorney docket number from "1501-1290" to 1504-1054.

Respectfully submitted,

YOUNG & THOMPSON

By Benoit Castel
Reg. No. 35,041 for
Robert J. Patch, #17,355
Attorney for the Applicants
745 South 23rd Street, Suite 200
Arlington, Virginia 22202
(703) 521-2297

RJP:jlw



Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: IMAGING APPARATUS AND METHOD
Attorney Docket Number:: ~~1501-1290~~ 1504-1054
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?: No
Latin Name::
Variety Denomination Name::
Petition Included?: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: ULF
Middle Name::
Family Name:: SKOGLUND
Name Suffix::
City of Residence:: STOCKHOLM
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing SVEAVAGEN 55
Address::
City of Mailing Address:: STOCKHOLM
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-113 59

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: GOSTA
Middle Name::
Family Name:: SJOHOLM
Name Suffix::
City of Residence:: STOCKHOLM
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing DALAGATAN 53
Address::
City of Mailing Address:: STOCKHOLM

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-113 31

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2003/001087	6/24/03
PCT/SE2003/001087	An application claiming the benefit under 35 USC 119(e)	60/394,276	7/9/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0202130-1	7/8/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::